	<p>DELAWARE HEALTH AND SOCIAL SERVICES</p> <p>Division of Services for Aging and Adults with Physical Disabilities</p>	<p>Cognitive Services Service Specification Acquired Brain Injury Waiver</p>
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WAIVER SERVICE SPECIFICATION

1.0 SERVICE DEFINITION

- 1.1 Cognitive services are necessary for the diagnosis and treatment of participants who exhibit cognitive deficits or interpersonal conflict resulting from brain injury. Cognitive services include two key components with different levels of reimbursement:
 - 1.1.1 Multidisciplinary Assessment and consultation to determine the participant's level of functioning and service needs. This cognitive services component includes neuropsychological consultation and assessments, functional assessment and the development and implementation of a structured behavioral intervention plan.
 - 1.1.2 Behavioral Therapies include remediation, programming, counseling and therapeutic services for participants and their families which have the goal of decreasing or modifying the participant's significant maladaptive behaviors or cognitive disorders that are not covered under the Medicaid State Plan. These services consist of the following elements: Individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law.), services of social workers, trained psychiatric nurses, and other staff qualified to work with individuals with psychiatric illness, individual activity therapies that are not primarily recreational or diversionary, family counseling (the primary purpose of which treatment of the individual's condition) and diagnostic services. The purpose of this service is to maintain the participant's condition and functional level in the least restrictive setting and to prevent relapse or hospitalization.
- 1.2 Exclusion: This service is NOT intended to meet the needs of those participants who present at risk for self harm, life threatening risk, a danger to others or exhibit a severe psychiatric disorder. These individuals should be referred for a higher level of care.

2.0 SERVICE GOAL

- 2.1 The goal of cognitive services is to maintain the participant's condition and functional level and to prevent relapse or hospitalization.

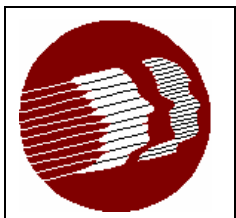
3.0 SERVICE UNIT

- 3.1 There are two (2) units of service for cognitive services.
 - 3.1.1 Multi-disciplinary Assessment – this is a one time reimbursement and includes participant consultation and the development of the structured behavioral plan.
 - 3.1.2 Behavioral Therapy - – this is an fifteen (15) minute unit reimbursement
 - 3.1.3 Behavioral Therapy services shall not exceed twelve (12) units of service in a participant visit.
 - 3.1.4 Services are limited to twenty (20) visits per year plus assessment.

4.0 SERVICE AREA

- 4.1 Providers of cognitive services are permitted to serve sub-areas of the state.



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5.0 SERVICE LOCATION

- 5.1 Cognitive services are generally provided to participants in the professional's office setting. These services may be provided at the participant's residence.

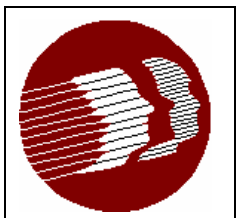
6.0 SERVICE DESCRIPTION

- 6.1 Cognitive services are to be prior-authorized by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), or authorized agent.
- 6.2 Cognitive services are to be performed through a team approach, and must be directed by a physician, psychologist, or licensed mental health professional. This team must include a primary therapist for each participant. This primary therapist must be a master's prepared mental health professional such as master's prepared Registered Nurse (RN) or a Licensed Clinical Social Worker (LCSW).
- 6.3 If services are provided to members of a participant's family, the services must be for the purposes of assisting the family in implementing the plan of care, implementing a behavioral intervention plan, or for the direct benefit of the recipient. For purposes of this service, "family" is defined as the person(s) who live with or provide care to a waiver participant and may include a parent, spouse, children, relative, or in-laws.
- 6.4 Behavioral Therapy counseling is to:
- 6.4.1 Be time limited and focused on specific goals.
 - 6.4.2 Be designed to help an Acquired Brain Injury (ABI) waiver service participant resolve personal issues or interpersonal problems resulting from his or her ABI.
 - 6.4.3 Assist a family member in implementing a participant's plan of care.
 - 6.4.4 Include substance abuse or chemical dependency treatment.
 - 6.4.5 Include the building and maintaining of healthy relationships.
 - 6.4.6 Develop social skills or the skills to cope with and adjust to the brain injury.
 - 6.4.7 Increase knowledge and awareness of the effects of an ABI
 - 6.4.8 Prepare and implement behavioral support strategies and plans through testing, direct participant observation and evaluation reports.
 - 6.4.9 Provides crisis intervention or have policy and procedures to address how needs will be met.
 - 6.4.10 Provide reports regarding test interpretation, evaluation and participant's progress.
 - 6.4.11 Network with allied health professionals and other community based resource providers.
 - 6.4.12 Continue regular contacts and meetings with participants and their families.
 - 6.4.13 Discharge planning to include the development of a plan and recommendations for the future, referrals to additional community resources.

7.0 SERVICE STANDARDS

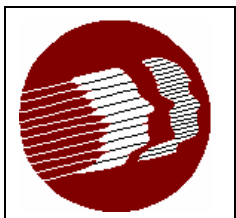
- 7.1 The provider must comply with all applicable Federal, State, and local rules, regulations, and laws applying to the provision of the service.
- 7.2 The provider shall not enter into any subcontracts for any portion of the coordination of services covered by this contract without obtaining prior written approval from DSAAPD.



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- 7.3 The provider must have at least one-year experience in the field of assessment and management of behavioral and cognitive problems, as may be exhibited by an individual with brain injury.
- 7.4 All staff providing the service must be qualified and the provider shall have a written job description for each job category and written personnel policies.
- 7.5 The provider must develop and maintain policies and procedures for the delivery of cognitive services. These policies must have a statement of beliefs and guiding principles.
- 7.6 The provider must identify a primary therapist for each participant. This is the name of the therapist in the agency who holds primary responsibility for the case, e.g., case management, maintenance of the record, treatment provision.
- 7.7 The provider's assigned primary therapist is responsible for assessing the participant, and establishing the structured behavioral intervention plan for assigned personnel prior to, or in conjunction with the first service date to include the following:
 - 7.7.1 To evaluate the needs of the participant, for the purpose of developing a person-centered intervention plan which includes outcome measures.
 - 7.7.2 To provide a structured therapeutic intervention plan for the management of the identified problems.
 - 7.7.3 To enhance functioning and skills which would allow a participant with a brain injury to remain in a community based setting.
- 7.8 The provider must establish contact with the participant to begin the assessment within five (5) calendar days of referral.
- 7.9 The provider must utilize a thorough assessment process that identifies: Problems, disabilities and, where possible, their cause; the participant's strengths and needs; and for which services they would benefit.
- 7.10 The provider must provide the designated case management provider with a written copy of the assessment within ten (10) working days of assessment completion. Those assessment findings must also be presented to the participant and/or family, in a manner that is understandable to them.
- 7.11 The provider must develop the structured behavioral intervention (SBI) plan addressing the problems and desires of the participant, family and designated case management agency, within ten (10) working days of presenting the plan to the designated case management provider, participant, and/or family.
 - 7.11.1 The plan should consider specific participant goals/outcomes and objectives. The objectives must be measurable, contain a performance criterion and a projected completion date.
- 7.12 The provider must document all direct service (face to face meetings) with the participant and/or family. All direct services will be documented by a progress note which contains, at a minimum, date and length of the contact, summary of the contact which reflects progress on the treatment




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objectives including the intervention used by the therapist, and the signature and title of the therapist.

- 7.13 The provider must document all indirect service involvement. Indirect services are case related activities and are to be documented in the participant record as a progress note. These notations will include the date, the time spent on the activity, the kind of activity provided and a summary. Documentation is to be signed by the person who completed the activity. Indirect services include but are not limited to:
 - 7.13.1 Therapist telephone contacts with participants or family.
 - 7.13.2 Therapist contacts with other agencies about participant issues.
 - 7.13.3 Supervision and case review - The supervision will be included in the case record and will include, at minimum, the names of the reviewer(s), content of the review, supervisory suggestions.
- 7.14 Cognitive Services must be provided in accordance with the developed SBI plan. Any proposed modification of the plan must be discussed with DSAAPD or designated case management provider.
- 7.15 The provider must review the SBI plan and outcomes, at a minimum monthly. That review must be documented in the participant's records and a copy of the review must be forwarded to the designated case management provider.
- 7.16 The cognitive services provider must notify the designated case management provider if services are not started within ten (10) calendar days of referral.
- 7.17 The provider must notify the participant of any change in schedule, or interruption of service.
- 7.18 The provider must provide support to ensure that administrative tasks are completed. That support must include, but not be limited to participant records, case assessments, time sheets, care plans and case notes.
- 7.19 The provider must retain an active relationship with the designated case management provider to include the written communication regarding the participants care plan, progress towards the goals and needs upon discharge.
- 7.20 The provider must keep the designated case management provider informed of all service delivery concerns including missed appointment, inability to locate the participant, escalation of problems that threaten the safe continuation of that participant's service plan, complaints, and grievances and discharge notices.
- 7.21 The provider must be willing to attend case management meetings as requested by the designated case management agency.
- 7.22 The provider, with the participant's permission, shall consult with the participant's other Waiver providers.



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- 7.23 The provider must ensure access to authorized representatives of Delaware Health and Social Services and/or CMS to the participant's case files and medical records.
- 7.24 The provider must inform DSAAPD of other potential payers of cognitive services (i.e. Hospice, Medicare, etc.)
- 7.25 The provider will maintain the participant's right of privacy and confidentiality.
- 7.26 The provider must comply with DSAAPD quality assurance initiatives related to this program.
- 7.27 The provider may request a Multi-Disciplinary Re-Assessment of the participant, at any time. That request shall be reviewed by the designated case management provider and by DSAAPD.
- 7.28 The provider must establish a system through which participants may present grievances/complaints about the operation of the service program. The provider also agrees to advise participant's of this right and will advise participants of their right to appeal denial or exclusion from the cognitive services program and their rights to a fair hearing process. The provider must have written documentation of this system, along with a written procedure of how these issues will be communicated to DSAAPD.
- 7.29 The provider will make a reasonable effort to confer with DSAAPD and the designated case management provider to resolve problems that threaten the continuity of a participant's service. Any decision to terminate service will be discussed first with DSAAPD, the case management provider, and then the participant before action is taken. DSAAPD, the case management provider, and the participant will be notified in writing not less than fourteen (14) calendar days in advance of the provider's intent to terminate a participant who continues to be eligible for Long Term Care Medicaid services. The letter shall include reasons for termination and steps taken by the provider to resolve problems prior to termination.
- 7.30 The provider must give DSAAPD and the designated case management provider thirty (30) days written notice if terminating five (5) or more participants at a given time.

